STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
			A. BUILDING:	01			
		HAL096022	B. WING		02/1	7/2015	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADI			STATE, ZIP CODE			
RENU LI	FE EXTENDED		ST HILL DR DRO, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
		Biennial Construction Survey ell on February 17, 2015.					
	licensure as a Hom residents on or abo Therefore the facilit applicable portions Licensing of Adult (North Carolina Stat	at licensed or submitted for e for the Aged serving 37 out October 17, 2001. By must meet the 1996 and the of the 2005 Rules for the Care Homes, and, the 1996 e Building Code (1999 409.1 Group I- Institutional -					
	municipal water supinstallation of a consystem. This facility for Rule 1502(a) by Safety Evaluation Stipulation that the system was to be redepending on the oand facility operation department and Fir contacted prior to the any changes or mothe municipal water licensed in 2001. T	initial licensing adequate oply was not available for the applete NFPA 13 fire sprinkler was granted an equivalency evaluation utilizing the Fire system (FSES), with the facility's need for a sprinkler e-evaluated (at a later date) occupants served, staff training on. The local engineering e marshalls office both were ne 2013 survey to determine if diffications had been made to system since the facility was there have been no e municipal water system.					
	Deficiencies were r plan of correction.	noted which will require a new					
C 133	Bathrooms-Hand G	rips	C 133				
	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (e) The requirement						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
J. D. L. W. S. GOLINGO, I.S. L. W. L		A. BUILDING: 01		COMPLETED		
		HAL096022	B. WING		02/1	7/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RENU LI	FE EXTENDED		ST HILL DR DRO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 133	rooms are: (6) Hand grips sha commodes, tubs ar accessible to reside This Rule is not me 1. Based on observaintained in a safe are coming loose frall residents using to fall hazards. Findings on 2-17-18 a. There are no graroom 4.	Il be installed at all and showers used by or ents; et as evidenced by: vation, the building was not e manner because grab bars om the wall. This would effect he grab bar by exposing them 5: ab bars in the bathroom of grab bars in the back toilet	C 133			
C 148	(2) Handrails shall corridors at 36 inch capable of supportion load; This Rule is not med 1. Based on obsermaintained in a safe the corridor handrainesidents by exposion in the corridor of the corridor handrainesidents by exposion in the corrido	PHYSICAL PLANT 05 PHYSICAL Ints for corridors are: be provided on both sides of es above the floor and be ing a 250 pound concentrated et as evidenced by: rvation, the building was not e manner by not maintaining ils. This would effect all ing them to a fall hazard 5: the center corridor wall next to	C 148			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL096022	B. WING	····	02/1	17/2015
RENULIEE EXTENDED 501 FORE			DDRESS, CITY, STATE, ZIP CODE REST HILL DRIVE BORO, NC 27530			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards; (e) This Rule shall facilities. This Rule is not me 1. Based on observation maintained in a safe coming loose from residents walking o them to injury from Findings on 2-17-18 a. On the back hall has damaged tile. b. The Whirlpool ro Building Equipment SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	es shall: In an uncluttered, clean and e of all obstructions and apply to new and existing et as evidenced by: vation, the building was not e manner because floor tile is the floor. This would effect all in the broken tile by exposing a cut or a fall. 6: I the back shower room floor floor has damaged tile. Maintained Safe, Operating PHYSICAL PLANT 11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities.	C 166			

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NSZN21 If continuation sheet 3 of 5

Division of Health Service Regulation				ı	1	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED		
		HAL096022	B. WING		02/1	7/2015
NAME OF PROVIDER OR SUPPLIER STREET ADI			DRESS, CITY, S	STATE, ZIP CODE		
		501 FORE	ST HILL DR	IVE		
RENU LI	FE EXTENDED		ORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 3	C 189			
	Based on observer protection equipme safe manner. This	vation, the building fire nt was not maintained in a would effect all residents by e and activating the fire alarm.				
	a. The 2 HVAC duct mounted smoke detectors on the wall of the Central Corridor have no access doors to inspect and clean the sample tubes.					
	2. Based on observation, the building electrical system was not maintained in a safe manner by allowing a small flexible conduit on a delayed egress door become damaged. This would effect all residents by potentially failing during an emergency					
	Findings from 2-17- On the front left cor has a damaged flex	ridor the delayed egress door				
	maintained in a safe the fire-resistance r					
		5: for wall next to the kitchen has ations by cable and pipe.				
	b. In the Linen Root ceiling tiles have be	m on the front corridor the een removed,				
		the front toilet room wall has etration near the ceiling.				
	d. There is an unpi Boiler Room wall by	rotected penetration in the y conduit.				

Division of Health Service Regulation STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY OMPLETED	
		HAL096022	B. WING		02/1	7/2015	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
RENU LI	FE EXTENDED		ST HILL DR DRO, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
C 189	Continued From pa	ge 4	C 189				
	4. Based on obser HVAC unit was not by not maintaining to Findings on 2-17-19. In the back shower cover for the PTAC. 5. Based on obser maintained in a safe the fire-resistance of the properties of the propert	rvation, a corridor bathroom maintained in a safe manner the enclosure for the unit. 5: room on the back corridor the unit is missing. rvation, the building was not e manner by not maintaining rating of building components. Il residents by not containing ne room or smoke gin.					

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